



Attorney's Docket No.: 00167-491001
Client's Ref. No.: 02-31-0464

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CARTILAGE TREATMENT PROBE, the specification of which:

is attached hereto.
 was filed on January 30, 2004 as Application Serial No. 10/766,894 and was amended on _____.
 was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/443,840	January 31, 2003	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Peter J. Devlin, Reg. No. 31,753; Phyllis K. Kristal, Reg. No. 38,524; John F. Hayden, Reg. No. 37,640; Frank R. Occhiuti, Reg. No. 35,306; Brian Dorini, Reg. No. 43,594; Diana DiBerardino, Reg. No. 45,653; Scott B. Markow, Reg. 46,899; George K. Stacey, Reg. No. 35,688; Joel R. Petrow, Reg. No. 30,886; and Bill Clemons Reg. No. 32,558

Direct all telephone calls to PHYLLIS K. KRISTAL at telephone number (202) 783-5070.

Address all correspondence to JOEL R. PETROW

SMITH & NEPHEW, INC.
1450 Brooks road
Memphis, TN 38116

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

Full Name of Inventor: KOBI IKI

Inventor's Signature:

Residence Address:

Citizenship: United States of America
Post Office Address: 580 Emerald Ave.
San Carlos, CA 94070

Date:

8/11/04

Full Name of Inventor: WILLIAM M. AMBRISCO

Inventor's Signature:

Residence Address: Mountain View, CA
Citizenship: United States of America
Post Office Address: 58 Devonshire Ave.
Apt. 4
Mountain View, CA 94043

Date:

Full Name of Inventor: DOUGLAS M. LORANG

Inventor's Signature:

Residence Address: San Jose, CA
Citizenship: United States of America
Post Office Address: 1631 Via Campagna
San Jose, CA 95120

Date:

Full Name of Inventor: ALAN P. GANNON

Inventor's Signature:

Residence Address: Amesbury, MA
Citizenship: United States of America
Post Office Address: 37 Kimball Road
Amesbury, MA 01913

Date:

Full Name of Inventor: RICHARD M. RANALLI

Inventor's Signature:

Residence Address: Berwick, Maine
Citizenship: United States
Post Office Address: 371 Diamond Hill Road,
Berwick, Maine 03901

Date:

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

Full Name of Inventor: KOBI IKI

Inventor's Signature: _____ Date: _____
Residence Address: San Carlos, CA
Citizenship: United States of America
Post Office Address: 580 Emerald Ave.
San Carlos, CA 94070

Full Name of Inventor: WILLIAM M. AMBRISCO

William M. Ambrisco _____ Date: 7/20/04
Inventor's Signature: _____
Residence Address: Mountain View, CA
Citizenship: United States of America
Post Office Address: 58 Devonshire Ave.
Apt. 4
Mountain View, CA 94043

Full Name of Inventor: DOUGLAS M. LORANG

Inventor's Signature: _____ Date: _____
Residence Address: San Jose, CA
Citizenship: United States of America
Post Office Address: 1631 Via Campagna
San Jose, CA 95120

Full Name of Inventor: ALAN P. GANNON

Inventor's Signature: _____ Date: _____
Residence Address: Amesbury, MA
Citizenship: United States of America
Post Office Address: 37 Kimball Road
Amesbury, MA 01913

Full Name of Inventor: RICHARD M. RANALLI

Inventor's Signature: _____ Date: _____
Residence Address: Berwick, Maine
Citizenship: United States
Post Office Address: 371 Diamond Hill Road,
Berwick, Maine 03901

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

Full Name of Inventor: KOBI IKI

Inventor's Signature: _____ Date: _____
Residence Address: San Carlos, CA
Citizenship: United States of America
Post Office Address: 580 Emerald Ave.
San Carlos, CA 94070

Full Name of Inventor: WILLIAM M. AMBRISCO

Inventor's Signature: _____ Date: _____
Residence Address: Mountain View, CA
Citizenship: United States of America
Post Office Address: 58 Devonshire Ave.
Apt. 4
Mountain View, CA 94043

Full Name of Inventor: DOUGLAS M. LORANG

Inventor's Signature: *Douglas M. Lorang* Date: 8/9/04
Residence Address: San Jose, CA
Citizenship: United States of America
Post Office Address: 1631 Via Campagna
San Jose, CA 95120

Full Name of Inventor: ALAN P. GANNON

Inventor's Signature: _____ Date: _____
Residence Address: Amesbury, MA
Citizenship: United States of America
Post Office Address: 37 Kimball Road
Amesbury, MA 01913

Full Name of Inventor: RICHARD M. RANALLI

Inventor's Signature: _____ Date: _____
Residence Address: Berwick, Maine
Citizenship: United States
Post Office Address: 371 Diamond Hill Road,
Berwick, Maine 03901

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

Full Name of Inventor: KOBI IKI

Inventor's Signature: _____ Date: _____
Residence Address: San Carlos, CA
Citizenship: United States of America
Post Office Address: 580 Emerald Ave.
San Carlos, CA 94070

Full Name of Inventor: WILLIAM M. AMBRISCO

Inventor's Signature: _____ Date: _____
Residence Address: Mountain View, CA
Citizenship: United States of America
Post Office Address: 58 Devonshire Ave.
Apt. 4
Mountain View, CA 94043

Full Name of Inventor: DOUGLAS M. LORANG

Inventor's Signature: _____ Date: _____
Residence Address: San Jose, CA
Citizenship: United States of America
Post Office Address: 1631 Via Campagna
San Jose, CA 95120

Full Name of Inventor: ALAN P. GANNON

Inventor's Signature: Alan P. Gannon Date: 7/16/04
Residence Address: Amesbury, MA
Citizenship: United States of America
Post Office Address: 37 Kimball Road
Amesbury, MA 01913

Full Name of Inventor: RICHARD M. RANALLI

Inventor's Signature: Richard M. Ranalli Date: 7/16/04
Residence Address: Berwick, Maine
Citizenship: United States
Post Office Address: 371 Diamond Hill Road,
Berwick, Maine 03901

Combined Declaration and Power of Attorney
Page 3 of 3 Pages

Full Name of Inventor: MATHEW E. MITCHELL

Inventor's Signature: MATHEW E. MITCHELL

Date: 7/16/04

Residence Address: Pelham, NH

Citizenship: United States

Post Office Address: 12 Fletcher Dr.
Pelham, NH 03076

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